

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043827

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5947

FILED NOV 21 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <b>CALIFORNIA</b> b. COUNTY <b>Los Angeles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>LA CRESCENTA</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Research Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3024 Sycamore</b>	
3. NAME OF DECEASED (Type or print) <b>RUTH J. CASH</b>		4. DATE OF DEATH <b>November 1, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-28-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
11a. BIRTHPLACE (City and state or country) <b>Holt Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FRANK CURNUTT</b>		13b. MOTHER'S MAIDEN NAME <b>—</b>	
14. NAME OF HUSBAND OR WIFE <b>James B. CASH</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT <b>Maurine Ragan 1014 Elmwood</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b> DUE TO (b) <b>Arteriosclerosis and hypertension</b> DUE TO (c) <b>—</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>Years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Tumor or left breast, probable cancer; coronary heart disease;</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>—</b> a.m. <b>—</b> p.m. Month, Day, Year <b>Oct. 25, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Nov. 1, 1963</b>	
21. I attended the deceased from <b>Oct. 25, 1963</b> to <b>Nov. 1, 1963</b> and last saw her alive on <b>Nov. 1, 1963</b> Death occurred at <b>9:20 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. ADDRESS <b>Suite 300 Research Medical Office Bldg; 6400 Prospect</b>	
22b. SIGNATURE <b>R. S. Long</b> (Degree or title) <b>M.D.</b>		22c. DATE SIGNED <b>11-1-63</b> (State) <b>Calif</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-2-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Lawn Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Glendale</b>		24. FUNERAL DIRECTOR <b>Sheil Funeral Home, Kansas City, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>11-2-63</b>		26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William N. Harris*

Licensed Embalmer No. 4195

P. O. Address K.C. Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.